PTO/SB/08 (08-03)
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to a collection of information untess it displaying valid OMB control number.

Unc	PATE	NT APPLICA	ATION	FEE DETER	N I	RECORD		~70	029	98		
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	МПТҮ	, oa		THAN ENTITY	
_	· FOR	NAME	MAMBERFILED		MANSER EXTRA		RATE	FEE	ŀ	RATE	FEE	
	C FEE FR 1.16(4))							8	Ģ R		•	l
TOTA	L CLAIMS FR 1.16(Q)		minus 20 *		, ·		× ٤ •		OR	x \$•		
DIDE	PERDENT CLAM FR 1.1600	3	minut 3				× 4 •		OR.	ו		
·		IT CLAIM PRESEN	LAIM PRESENT (37 C		FR 1.16(4)		+6a		OR	<u></u>		l
* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II												
1	SAK	(Cotumn 1)	(Cotumn 2) (Cotumn 3)			SMALL ENTITY		OR		R THAN ENTITY		
<i>1</i> .	703	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
ENT		AMENDMENT	Minus	PAID FOR		ŀ			1		FEE	ł
5	Total corora (.mica	_1/	Mires	<u> 20</u>		ł	X 6	╟┼	OR	× 5	 	ł
AEND	Independent GF GFR 1,18948	2		<u></u>			×*		OR	× 5	 	1
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1, 16(43)				+s=		· OR	TOTAL	 	┨			
							TOTAL ADD'L FEE		J OR	ADD'L FEE	Ц	┨
		(Column 1)		'(Column 2)	(Column 3)				-	·		4
5	8406	CLAMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		C. RATE	ADOI- TIONAL FEE		PATE	ADOI- TIONAL FEE	
ENDMENT	Total professions	17	Minus	- 20	-	1	× 1] or	x	1	
2	Independent OF OFR LINES	· 2	Minus	" 3	•	1	x 6e		OR	×3		
M		ATION OF MULTIPL	E DEPENCI	ENT CLAIM (37 CF	R 1.18(42)	1	••		OR	••		J
						•	TOTAL ADOL FEE		_ C8	TOTAL		╆
	-1-07	(Column 1)		(Column 2)	(Column 3)				_			
F		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIÓNAL FEE		RATE	ADDI- TIONAL FEE	
Ψ̈́	Total profitting	· 17	Minus	20	•0	1	×3		OR	X 5	0	
MENDMENT	tndependent (37 GPR 1,140)9	• 2	Minus	= 3	• 0	1	× 4		OR	×1	O	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OF OFR LINKING						+1•] oa	٠,	0	_
TOTAL ADDIL FEE OR ADDIL FEE											0	
If the entry in column 1 is tess than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												
		Number Previously						n the approp	iste box in	column 1.		Ĺ

The "righest Number Previously Paid For" (Total or Independent) is the register number round in the appropriate to the Color in Coloration. This collection of information is required by 37 CFR 1.16. The information is required to cottain or retain a benefit by the public which is to file (and by the USFTO process) on application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete users including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. OO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.